# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10 OF 23

| X 11a | 11b | 11c | 12 |
| 13 | 14 | 15 | 16 | 17 |

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NAME OF COMMITTEE (In Full)

Forward Together PAC

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**A.** Full Name (Last, First, Middle Initial)

Richard Nee

Mailing Address 1137 Kristin Dr

| City | State | Zip Code |
| Libertyville | IL | 60048-1280 |

FEC ID number of contributing federal political committee.  C

| Name of Employer | Occupation |
| Lifeline Vascular Access | VP/General Manager |

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 25 / 2015

**Transaction ID : C7042767A**

Amount of Each Receipt this Period

1000.00

* Earmarked Contribution: See Below

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**B.** Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address PO Box 382110

| City | State | Zip Code |
| Cambridge | MA | 02238-2110 |

FEC ID number of contributing federal political committee.  C  C00401224

| Name of Employer | Occupation |
| | Conduit total listed in Agg. field |

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

12785.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 25 / 2015

**Transaction ID : C7042767AB**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**
Note: Above Contribution earmarked through this organization.

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**C.** Full Name (Last, First, Middle Initial)

Robert Provenzano

Mailing Address 22201 Moross Rd

| City | State | Zip Code |
| Grosse Pointe | MI | 48236-2169 |

FEC ID number of contributing federal political committee.  C

| Name of Employer | Occupation |
| DaVita | Physician |

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 11 / 2015

**Transaction ID : C6888998A**

Amount of Each Receipt this Period

1500.00

* Earmarked Contribution: See Below

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SUBTOTAL of Receipts This Page (optional).............................................................▶  2500.00

TOTAL This Period (last page this line number only)............................................▶

FEC **Schedule A (Form 3X)** Rev. 02/2003